

PAUL A. BECK & ASSOCIATES
SUITE 100, 1575 McFARLAND ROAD
PITTSBURGH, PA 15216-1808
TELEPHONE (412) 343-9700
FAX (412) 343-5787

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-Fax Cover Sheet-

Date: May 22, 2003

Official

Fax Phone: (703) 872-9327

To: Commissioner Patents - *RUTH RODRIGUEZ, EXAMINER*

From: George Raynovich, Esquire

Pages: 8

Subject: Response to Final Office Action dated May 5, 2003
Application No. 10/029,087
Releasable Cable Grip
Applicant: Alan B. Shuey

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Enclosed are the following for filing in response to the Office Action dated May 5, 2003:

5/6/2003 Amendment Transmittal Letter (Small Entity)

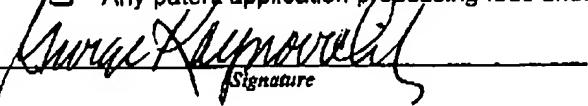
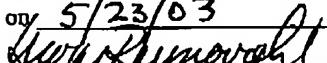
5/6/2003 Response to Final Office Action (6 pages)

I hereby certify that this correspondence is being ~~facsimile~~ transmitted to the Patent and
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GEORGE RAYNOVICH, JR
George Raynovich
(Signature)

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 010071	
Applicant(s): Alan B. Shuey					
Serial No. 10/29,087	Filing Date December 20, 2001	Examiner Ruth C. Rodriguez		Group Art Unit 3677	
Invention: Releasable Cable Grip					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature					
Dated: 5/23/03					
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. 703-872-9327) on 5/23/03  Signature of Person Filing Correspondence GEORGE RAYNOVICH Printed Name of Person Filing Correspondence					
cc:					